

Document 6 Filed 03/13

- A. Signature ☐ Agent  
☒ Addressee  
B. Received by (Printed Name) C. Date of Delivery  
Bruce Vermilyea 3-12-07  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

2:07 EV 210  
C + p<sub>0</sub> (40)

3. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1160 0001 2962 0242

**Domestic Return Receipt**

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Officer Pettway  
Kilby Correctional Facility  
P.O. Box 150  
Mt. Meigs, AL 36057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Bruce Vermilyea*☒ Agent☐ Addressee

B. Received by (Printed Name)

*Bruce Vermilyea*

C. Date of Delivery

*3-12-07*

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

*2:07CV 210**C + P**40*

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7005 1160 0001 2962 0235

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

|||||  
Lt. Clay  
Kilby Correctional Facility  
P.O. Box 150  
Mt. Meigs, AL 36057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

☐ Agent  
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes  
☐ No

2:07C ✓ 210  
C & P

(40)

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 0211

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Officer Denkins  
Kilby Correctional Facility  
P.O. Box 150  
Mt. Meigs, AL 36057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No2:07CV 210  
C & P

(40)

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
transfer from se

7005 1160 0001 2962 0259

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Asst. Warden Rowell  
Kilby Correctional Facility  
P.O. Box 150  
Mt. Meigs, AL 36057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Bruce Vermillion*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Bruce Vermillion*

C. Date of Delivery

*3-12-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*2:07CV 210*  
*ct po**40*

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 0181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

|||||  
Cptn. Bolling  
Kilby Correctional Facility  
P.O. Box 150  
Mt. Meigs, AL 36057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bruce Vermilyea

C. Date of Delivery

3-12-07

D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes☐ No2:07CV 210  
C & B

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2962 0198

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if **Restricted Delivery** is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**||| ||| ||| ||| ||| ||| ||| ||| ||| ||| ||| ||| ||| |||**

Sgt. Smith  
 Kilby Correctional Facility  
 P.O. Box 150  
 Mt. Meigs, AL 36057

COMPLETE THIS SECTION ON DELIVERY

**A. Signature**

\* Bruce Veraway

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Bruce Vermilya

C. Date of Delivery

3-12-07

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

2:07C ✓ 210

LP

40

### 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

7005 1160 0001 2962 0228

(Transfer from service table)